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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/219,267 12/23/1998 and is a CIP of 09/274,281 03/22/1999  
which is a CIP of 09/219,267 12/23/1998  
and is a CIP of 09/166,367 10/05/1998 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/27/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 19	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 32
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

22927

## TITLE

METHOD AND APPARATUS FOR PROVIDING CROSS-BENEFITS BASED ON A CUSTOMER ACTIVITY

FILING FEE RECEIVED 2737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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